

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/582863** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11	/		/			
12	/		/			
13		/		/		
14		/		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19	/		/			
20					/	
21					/	
22					/	
23					/	
24					/	
25					/	
26					/	
27					/	
28					3	
29					3	
30					3	
31					/	
32					/	
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37					/	
38					/	
39					/	
40					6	
41					/	
42					/	
43					/	
44					/	
45	/				/	
46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.	4		4			
TOTAL DEP.	17		15			
TOTAL CLAIMS	21		19			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
54					/	
55					/	
56					/	
57					/	
58					/	
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91					/	
92					/	
93					/	
94					/	
95					/	
96					/	
97					/	
98					/	
99					/	
100					/	
TOTAL IND.					3	
TOTAL DEP.					41	
TOTAL CLAIMS					44	

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